

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16188
Registrar's No. 4725

FILED JUN 1 1944
Registration District No. 18448

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

James Boyd

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M 5. Color or race Colored 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 59 hr. min.

9. Birthplace Hopkinsville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unk.
13. Birthplace Unk.
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Hopkinsville, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lewis
(b) Address 818 So. 18 St.

17. (a) Burial (b) Date thereof 5-23-44
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director A. L. Neal Und. Co.
(b) Address 2726 Lucas Ave

19. (a) MAY 22 1944 (b) J. E. Greulich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 816 So. 18 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 12 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 14, 1944, to May 19, 1944;
that I last saw him alive on May 18, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute myocarditis Duration 3 weeks

Due to _____
Due to Pleurisy Duration 3 weeks

Other conditions 110
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (c) Means of injury MO

23. Signature Elth B. Brown (M. D. or other) MD
Address 1536 Papin, St. Louis Date signed 5/19/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. F. Richardson

Licensed Embalmer No. *2928*

P. O. Address *City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.